

# UNITED CONCORDIA®

Insuring America's Dental Health





## Did you know that your oral health can affect your overall health?

Research suggests that an unhealthy mouth may be linked to medical conditions such as heart disease, stroke, diabetes, respiratory disease and premature births.

The good news? Most oral health problems are preventable!

That's why it's so important to keep up with proper at-home dental care and to visit your dentist regularly. And, by receiving any necessary dental treatment early, you could avoid the cost and discomfort of treating severe dental problems.

### How does a dental plan through United Concordia help?

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Our dental plans are designed to make preventive treatment affordable while helping you manage the higher costs of unexpected dental care needs. And, we built our dentist networks to reach every corner of the country, offering you access to quality care and network discounts no matter where you live.

### In fact, by visiting a United Concordia network dentist, you can...

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**Save money**—Because our network dentists accept our allowances as payment in full for covered services, there's no balance billing and you save more out of pocket.

**Save time**—Network dentists agree to file claims for you, so there's one less thing for you to worry about.

**Stretch your benefit dollars**—Reduced costs of care from a network dentist means you can receive more covered services before reaching your annual maximum.

**Enjoy peace of mind**—All network dentists undergo rigorous review through our quality assurance process and routine verification of their credentials.

With our large networks stretching across the nation, finding a network dentist is easy—just visit our website at [UnitedConcordia.com](http://UnitedConcordia.com) and select **Find a Dentist**.

To learn more about your dental plan, please reference the enclosed materials.  
We look forward to helping you maintain a lifetime of healthy smiles!

# www.UnitedConcordia.com

Visit us at **UnitedConcordia.com** to:

- Find a network dentist
- Email customer service
- Brush up on your dental health knowledge
- Access forms and other helpful information

Once enrolled in your dental plan, register on our website to use **My Dental Benefits** for secure access to information including:

- Eligibility
- Coverage details
- Claims status
- Procedure history
- Online explanations of benefits
- and much more!

UNITED CONCORDIA®  
Insuring America's Dental Health

1-800-332-0366 • [UnitedConcordia.com](http://UnitedConcordia.com)



## Welcome

United Concordia is pleased to be your new dental benefits provider—chosen by your employer to offer quality, affordable dental coverage to you and your family through our **Concordia Flex** dental plan. This packet contains all the details you need to make an informed benefits decision.

The **Concordia Flex** dental plan offers:

- ◆ **Freedom to visit any dentist**—You can choose to visit any dentist you want, in- or out-of-network. However, our Concordia Advantage *Plus* network dentists accept our fees as payments in full. These fees are typically lower than dentists' standard fees, so you can save money by visiting a network dentist.
- ◆ **Excellent access to Concordia Advantage *Plus* dentists**—Our large, national network provides excellent access to participating dentists no matter where you live. Whether at home, work or on the road, chances are good a network dentist is just a few minutes away. And, United Concordia's network dentists undergo rigorous review through our quality assurance process and routine verification of their credentials, so you know you are receiving quality care.
- ◆ **Features that keep preventive care affordable**—Your plan includes the Smile for Health<sup>®</sup> Maternity Dental Benefit and the Preventive Incentive<sup>®</sup> benefit feature. The Smile for Health Maternity Dental Benefit covers an additional cleaning during pregnancy. This extra cleaning can help prevent gum disease, which has been linked to premature and low-birthweight babies. With Preventive Incentive, diagnostic and preventive services do not count toward your annual plan maximum. By encouraging you to receive preventive care, this benefit feature can help reduce the need for more complex and expensive treatment down the road.
- ◆ **Responsive service**—Toll-free access to automated benefits information is available 24/7 by calling 1-800-332-0366. Live customer service representatives are also available to assist you Monday through Friday, from 8.00 a.m. to 8.00 p.m., ET.
- ◆ **Convenient, online access to benefits information**—Once your plan is effective, you can view eligibility information, claim status, procedure history and more. Just visit **UnitedConcordia.com**, enter the **Members** section and select **My Dental Benefits**.

### How much does enrolling in the Concordia Flex plan cost?

Type of Coverage	Cost per Month
Individual	\$3.60
Individual + 1 Adult	\$7.18
Individual + Child(ren)	\$8.10
Family	\$12.00

For your convenience, your premiums will be deducted from your paycheck.

### How do I enroll?

Open enrollment is November 1-31, 2010. To select United Concordia dental coverage, complete the enclosed enrollment form and submit it to your Human Resources office.

We look forward to serving your dental health needs.



## Dental Benefits Summary for XYZ Company

Effective Date: January 1, 2011

Network: Concordia Advantage *Plus*

Benefit Category <sup>1</sup>	CONCORDIA FLEX PLAN	
	In-Network <sup>2</sup>	Non-Network <sup>2</sup>
Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy)		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Endodontics		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Maximums & Deductibles (cumulative of network and non-network)		
Annual Program Deductible (per person/per family)	\$50/\$150 Excludes Class I & Orthodontics	\$50/\$150 Excludes Class I & Orthodontics
Annual Program Maximum (per person)	\$1,000 Excludes Class I	\$1,000 Excludes Class I
Lifetime Orthodontic Maximum (per person)	\$1,000	\$1,000
Reimbursement	Advantage <i>Plus</i>	Advantage

*Representative listing of covered services – certificate of coverage provides a detailed description of benefits.*

1. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 23.

2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

**UnitedConcordia.com • 1-800-332-0366**

**A**t United Concordia, we're committed to more than healthy smiles. That's why we're pleased to announce that your dental plan includes the **Smile for Health®** Maternity Dental Benefit.



The **Smile for Health®** Maternity Dental Benefit provides pregnant women an additional dental cleaning during pregnancy. This extra cleaning can help prevent periodontal (gum) disease, which has been linked to premature and low-birthweight babies, as well as help control *pregnancy gingivitis*.



**Pregnancy Gingivitis Defined**—Pregnancy gingivitis is often experienced by pregnant women when changes in hormone levels exaggerate the gums' reactions to oral bacteria. This can result in tender, swollen and sensitive gums.

(Coinsurances apply. Services received from non-network dentists are subject to balance-billing.)

## Your Dental Plan Includes Preventive Incentive®

With **Preventive Incentive**, all charges for Class I Diagnostic and Preventive services—such as cleanings, exams, x-rays and more—**do not count toward your annual maximum.**

This promotes good oral health by encouraging you to receive preventive care, and leaves you with more benefit dollars to use for other covered dental procedures.



### Sample Savings with Preventive Incentive\*

—Assumes 100% coverage for Class I services and \$1,000 annual maximum—

Annual Preventive Care	You Pay	United Concordia Dental Pays	Annual Maximum Remaining without Preventive Incentive®	Annual Maximum Remaining with Preventive Incentive®
2 Cleanings	\$0	\$126	\$874	\$1,000
2 Exams	\$0	\$66	\$808	\$1,000
1 Set of X-Rays	\$0	\$40	\$768	\$1,000
<b>Total</b>	<b>\$0</b>	<b>\$232</b>	<b>\$768</b>	<b>\$1,000</b>

\*For illustrative purposes only. Assumes services provided by United Concordia Dental network dentists; savings will vary by dentist, service and geographic region.

**With Preventive Incentive, you have \$232 more  
to use on other covered dental procedures!**

**[www.UnitedConcordia.com](http://www.UnitedConcordia.com)**

## Frequently Asked Questions About Your PPO Dental Plan

### **Q. How do I find out if my dentist participates in United Concordia's network?**

A. You can search for a network dentist by visiting **UnitedConcordia.com**, clicking on **Find a Dentist** and selecting your network (listed on the enclosed benefit summary) and search preferences.

### **Q. Are there advantages to visiting a network dentist?**

A. Yes. Our network dentists agree to file claims for you, and to accept our allowances as payments in full for covered services. And, most of our dentists also accept our allowances for non-covered services or services above your annual maximum (these reduced rates are not insurance). That means you can save money by visiting a network dentist, because our allowances are typically lower than the dentist's standard charges. And, United Concordia's network dentists undergo rigorous review of their claims submissions and credentials, so you can rest assured you are receiving quality care.

### **Q. If my dentist does not participate in United Concordia's network, can I still see him/her?**

A. Yes, you can receive care from any licensed dentist. If you do see a non-network dentist, however, your benefits may differ and your out-of-pocket expenses are likely to be higher than if you receive services from a network dentist. If you would like to nominate your dentist to be considered for participation in our network, you can submit his/her name by visiting the **Members** section of **UnitedConcordia.com**, selecting **Forms** and then clicking on **Nominate Your Dentist**.

### **Q. What can my dentist bill me for?**

A. What your dentist bills you for depends on whether you visit a network or non-network dentist. United Concordia network dentists can only charge you for applicable deductibles and coinsurance amounts. Non-network dentists can charge you for applicable deductibles and coinsurance amounts, *and* the difference between their standard charges and United Concordia's allowances.

### **Q. What information is available online?**

A. In the **Members** section of **UnitedConcordia.com**, you can access forms, frequently asked questions and answers, a glossary of dental terms, and a dental health center of oral health articles, brochures, videos and kids' pages. Once your plan is effective, your personal benefits information is available in our online member tool, **My Dental Benefits**. Once you register, you can review details on your coverage, eligibility, network, claim status and procedure history; print an ID card; and sign up for paperless EOBs.

### **Q. What if I have other questions or concerns regarding the United Concordia dental plan?**

A. Questions about your dental treatment should always be discussed with your dentist. For information about your benefits plan, visit us online at **UnitedConcordia.com** or call Customer Service at 1-800-332-0366.

### 1. DISCOUNT PROGRAM

Davis Vision is pleased to provide you with a low-cost, traditional vision Discount Program that provides significant discounts on eye exams, lenses, frames and additional eyewear options. Simply visit a participating vision provider and present your discount card and Control Code. With more than 30,000 participating vision providers, you can find a provider near you by calling our toll-free Interactive Voice Response (IVR) system or visiting the Davis Vision website at [www.davisvision.com](http://www.davisvision.com). For more details, see the Accessing Benefit and Provider Information section on the reverse side.

The Discount Program entitles you to the following discounts off usual and customary fees:

<b>Vision Plan:</b>	Vantage Affinity Discount Program
<b>Control Code/Client Control Number:</b>	7602
<b>Co-payment:</b>	N/A, discount plan is 100% member paid at the time of service
<b>Lens 123®:</b>	Discounts on replacement contact lenses from 1-800-LENS123
<b>Laser Vision Correction:</b>	Discounts from participating laser vision providers

#### DAVIS VISION DISCOUNT SCHEDULE

#### MEMBER COST

##### Eye examination

Complete Examination	15% off Usual & Customary
Contact Lens Examination	15% off Usual & Customary

##### Frame

Frame—up to \$70.00 retail	\$40.00
Frame—over \$70.00 retail	\$40.00 plus 10% off the amount over \$70.00

##### Spectacle Lenses

Single Vision Lenses	\$35.00
Bifocal Lenses	\$55.00
Trifocal Lenses	\$65.00
Lenticular Lenses	\$110.00

##### Options (Add to Spectacle Lenses Prices)

Standard Progressive Lenses	\$75.00
Premium Progressive Lenses	\$125.00
Polarized	\$75.00
High Index Lenses	\$55.00
Glass Lenses	\$18.00
Polycarbonate Lenses	\$30.00
Blended Invisible Bifocals	\$20.00
Intermediate Vision Lenses	\$30.00
Scratch Resistant Coating	\$15.00
Anti-Reflective Treatment	\$45.00
Ultraviolet Coating	\$15.00
Solid Tint	\$10.00
Gradient Tint	\$12.00
PGX Lenses	\$35.00
Plastic Photosensitive Lenses	\$65.00

##### Contact Lenses

Conventional	20% off Usual & Customary
Disposable/Planned Replacement	10% off Usual & Customary
Lens 123®	Free membership with up to 60% off Retail Prices

Discount Schedule continued . . .



**DAVISVISION™**  
SEE LIFE

This card entitles the bearer and family to special discounted pricing

Name \_\_\_\_\_

Group United Concordia

Control Code 7602

Signature \_\_\_\_\_



*Benefits you can see.*

Discount Schedule continued . . .

### Other Products

Non-Prescription Sunglasses	20% off Usual & Customary
Other Ancillary Products/Solutions	10% off Usual & Customary
Laser Vision Correction	Up to 25% off Usual & Customary

Note: Any special lens designs, materials, powers and frames may require additional payment.

## 2. LENS 123®

Lens 123® is a mail order program that allows you to enjoy the guaranteed lowest prices on replacement contact lenses—save up to 60% off retail prices. Members can conveniently call 1-800-LENS123 with a current prescription for this value-added service. The Lens 123® contact lens replacement program is endorsed by the industry's major manufacturers.

## 3. LASER VISION CORRECTION

Davis Vision's Laser Vision Correction program provides substantial discounts on laser vision correction procedures. Members are entitled to savings of up to 25% off usual and customary fees or a 5% discount off a center's advertised special through a network of preeminent physicians affiliated with Eye Centers of Excellence. (Some centers provide a flat fee equating to these discount levels.) See below for information on finding a participating laser vision provider near you.

## HOW THE DISCOUNT PROGRAM WORKS WITH YOUR PLAN

You may choose from a list of Davis Vision contracted private practice providers or contracted retail locations for discounts on eyewear. If you already have a vision examination benefit as part of your health plan, you may use a network provider in your health plan network for your examination. Then use a Davis Vision contracted provider for your eyewear purchases (eyeglasses, etc.) and maximize your savings (you should verify whether or not the Davis Vision provider accepts outside prescriptions prior to your appointment).

## ACCESSING BENEFIT AND PROVIDER INFORMATION

Whether you're looking for a participating vision provider or want more information about the discount plan, Davis Vision offers a number of convenient ways for you to get the information you need, when you need it.

### AUTOMATED SERVICES (available 24/7)

**Online**—To access the United Concordia Dental Davis Vision Discount Member Menu, visit [www.davisvision.com](http://www.davisvision.com) and select "Find a Provider". In the second box, enter Control Code 7602 and click "Submit". From the Member Menu you can find a provider, review your benefits, obtain a confirmation number for laser surgery, take a satisfaction survey, visit Lens 123® to buy replacement contact lenses and more!

**Over the phone**—To access the automated Interactive Voice Response (IVR) system, call Davis Vision Customer Service at **1-877-923-2847** and enter Client Control Number 7602 when prompted. Select the appropriate menu option using your phone's touch pad.

### CUSTOMER SERVICE

To speak with a customer service representative, call Davis Vision Customer Service at 1-877-923-2847. Enter Client Control Number 7602 when prompted. At the main menu, press "0". Our representatives are available to assist you from 8 a.m. to 11 p.m. ET Monday through Friday, 9 a.m. to 4 p.m. ET Saturday and 12 p.m. to 4 p.m. ET Sunday.

**DAVISVISION™**  
SEE LIFE

**UNITED CONCORDIA® DENTAL**  
Insuring America's Dental Health

## DENTAL ENROLLMENT FORM

For New Enrollment, please complete ALL sections of this form. For Enrollment Changes, please complete the applicable "Type of Activity" change(s) in Section A along with the identification number and employee name in Section B and Section C for dependent changes.

<b>SECTION A: GENERAL INFORMATION</b>		<b>Effective Date</b> (mm/dd/yyyy) ____/____/____					
<b>1. TYPE OF PROGRAM</b> <input type="checkbox"/> <b>FFS</b> (Indemnity, Active PPO, Passive PPO - Please Specify) <input type="checkbox"/> Concordia Access <input type="checkbox"/> Concordia Choice <input type="checkbox"/> Concordia Flex <input type="checkbox"/> Concordia Preferred <input type="checkbox"/> Concordia Select <input type="checkbox"/> Other _____ <input type="checkbox"/> <b>DHMO</b> (Please Specify) <input type="checkbox"/> Concordia Plus <input type="checkbox"/> Other _____	<b>2. TYPE OF ACTIVITY</b> <input type="checkbox"/> <b>New Enrollment</b> <input type="checkbox"/> <b>Cancel Coverage</b> <input type="checkbox"/> Cancel All Coverage (Employee & All Dependents) <input type="checkbox"/> Cancel Dependent(s) Only (List dependents to be cancelled) <input type="checkbox"/> <b>Change</b> (Please Specify) <input type="checkbox"/> Add Dependent (e.g., spouse, domestic partner, child, etc.) <input type="checkbox"/> Change Address <input type="checkbox"/> Reinstate Coverage <input type="checkbox"/> Change Name <input type="checkbox"/> Change Group Number <input type="checkbox"/> Change Provider <input type="checkbox"/> COBRA <input type="checkbox"/> Other _____	<b>SECTION E:</b> <b>FOR EMPLOYER USE ONLY</b> <b>EMPLOYER INFORMATION</b> Employer Name _____ Group Number _____ Sub Group _____ UCCI Payroll Location _____					
<b>SECTION B: EMPLOYEE INFORMATION - Please print clearly to expedite your request.</b>							
1. Identification Number (For example, Social Security Number) _____		2. Original Employment Date (mm/dd/yyyy) ____/____/____					
3. Employee Name (Last, First, Middle Initial)		4. Date of Birth	5. Sex				
		6. Provider Number (DHMO Only)					
7. Home Address		City	State				
		Zip Code					
<b>SECTION C: DEPENDENT INFORMATION</b> Please list the added/cancelled dependents in this section. For more than five dependent children, complete and attach an additional form. If dependent children listed in this section are disabled or full-time students age 19 or over, please see your group administrator for a Dependent Certification Form, which should be completed and returned with the Dental Enrollment Form.							
1. Identification Number (For example, Social Security Number)	2. Type	3. Last Name	4. First Name	5. MI	6. Sex	7. Date of Birth	8. Provider Number (DHMO Only)
_____	Spouse/Domestic Partner						
_____	Dependent (A)						
_____	Dependent (B)						
_____	Dependent (C)						
_____	Dependent (D)						
_____	Dependent (E)						
<b>SECTION D: OTHER DENTAL COVERAGE</b> Do you or your dependent(s) have other Group Dental Coverage? Yes <input type="checkbox"/> No <input type="checkbox"/> If your answer is yes, please complete the following information.							
Policy Holder		Insurance Company		Policy/Identification Number		Effective Date (mm/dd/yyyy) ____/____/____	

I represent that all information supplied in this application is true and correct. Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Employer Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

## PROGRAM AVAILABILITY

- Products are not available in any state where prohibited by law or where United Concordia does not have regulatory approval.
- Domestic partner coverage is not permitted in Idaho.

## STATE MANDATED PROVISIONS

- CA:** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.
- FL:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- AZ, GA, KY, NE & NH:** All statements made by a Policyholder or by any Insured Member shall be deemed representations and not warranties, and no statements made for the purpose of effecting coverage shall void such coverage or reduce benefits unless contained in writing and signed by the Policyholder.
- KS:** Any person who knowingly and with intent to defraud, as stated on this Application, may be committing a fraudulent insurance act which may be a crime.
- LA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NJ:** All statements made by applicant are true and complete to the best of the applicant's knowledge and belief. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- OR:** Any person who knowingly and with intent to defraud, as stated on this Application, may be committing a fraudulent insurance act which may be a crime.
- OR:** Contestability is limited to two years as stated in the Group Policy.
- TN:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- UT:** Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the Rules of (the American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.
- VA:** Any person who within the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

## UNITED CONCORDIA OPERATES AS A WHOLLY OWNED SUBSIDIARY UNDER THE NAME LISTED BELOW IN THE FOLLOWING STATES:

- United Concordia Dental Corporation of Alabama – AL
- United Concordia Dental Plans, Inc. – MD, NJ
- United Concordia Dental Plans of California, Inc. – CA
- United Concordia Dental Plans of Delaware, Inc. – DE, DC
- United Concordia Dental Plans of Florida, Inc. – FL
- United Concordia Dental Plans of Kentucky, Inc. – KY
- United Concordia Dental Plans of the Midwest, Inc. – MI, MO, OH
- United Concordia Dental Plans of Pennsylvania, Inc. – PA
- United Concordia Dental Plans of Texas, Inc. – TX
- United Concordia Insurance Company – AK, AR, AZ, CA, CO, CT, FL, GA, IA, ID, IN, KS, LA, MA, MD, ME, MI, MN, MS, MT, NE, NH, NV, NM, ND, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WY
- United Concordia Life and Health Insurance Company – DE, DC, IL, KY, MD, MO, NC, NJ, PA
- United Concordia Insurance Company of New York – NY



This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

## Our Legal Duty

United Concordia Companies, Inc., and its subsidiaries (referred to as United Concordia) are committed to protecting your privacy and are required by applicable federal and state laws to maintain the privacy of your protected health information. "Protected health information" is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a health care clearinghouse that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present or future payment for the provision of health care to you.

This notice describes our policies and practices for collecting, handling, and protecting our members' protected health information. We are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 04/13/2003, and will remain in effect until we replace it.

We will continually review our privacy policies and practices and monitor our business practices to help ensure the security of our members' protected health information. Due to changing circumstances, it may become necessary to revise our privacy policies and practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and notify all affected members in writing in advance of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

## Uses and Disclosures of Protected Health Information

In order to administer our dental benefit programs effectively, we collect, use and disclose protected health information for certain of our activities, including payment and health care operations. The following is a description of how we may use and/or disclose protected health information about you for payment and health care operations:

**Payment:** We may use and disclose your protected health information to pay claims for services provided to you by dentists covered by your dental plan.

**Health Care Operations:** We may use and disclose your protected health information to determine our premiums for your dental plan, to conduct quality assessment and improvement activities, to engage in care coordination or case management, to manage our business and the like.

We may use and/or disclose your protected health information for all activities that are included within the definition of "payment" and "health care operations" but we have not listed in this notice all of the activities included within the definition of "payment" and "health care operations," so please refer to 45 C.F.R. § 164.501 for a complete list.

We also may use and disclose protected health information to other covered entities, business associates, or other individuals (as permitted by the HIPAA Privacy Rule) who assist us in administering our programs and delivering health services to our members.

**Business Associates:** In connection with our payment and health care operations activities, we contract with individuals and entities (called "business associates") to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management or subrogation). To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

**Other Covered Entities:** In addition, we may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we may disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

## Other Possible Uses and Disclosures of Protected Health Information

In addition to uses and disclosures for payment and health care operations, we may use and/or disclose your protected health information for the following purposes.

**To Plan Sponsors:** We may disclose your protected health information and the protected health information of others enrolled in your group dental plan to the plan sponsor to permit it to perform plan administration functions. Please see your plan documents for a full explanation of the limited uses and disclosures that the plan sponsor may make of your protected health information in providing plan administration functions for your group dental plan.

**Benefits and Services:** We may use your protected health information to contact you with information about dental-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities.

**Others Involved in Your Health Care:** Unless you object, we may release protected health information about you to a friend or family member who is involved in your dental care or to someone who helps pay for your care. We may also disclose protected health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status or location.

**Research, Death:** We may use or disclose our protected health information for research purposes in limited circumstances. We may disclose the protected health information of a deceased person to a coroner, medical examiner, or funeral director.

**Public Health and Safety:** We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the healthcare system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

**Required by Law:** We may use or disclose your protected health information when we are required to do so by law. For example,

we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your protected health information when authorized by workers' compensation or similar programs which provide benefits for work-related injuries or illness.

**Process and Proceedings:** We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your protected health information to law enforcement officials.

**Law Enforcement:** We may disclose limited information to a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

**Military and National Security:** We may disclose to Military authorities the protected health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

**To You and on Your Authorization:** We must disclose your protected health information to you, as described in the Individual Rights section of this notice, below. You may give us written permission to use your protected health information or to disclose it to anyone for any purpose. If you give us permission, you may change your mind at any time. Your decision to revoke your prior authorization will not affect any use or disclosures made while it was in effect. Without your written permission, we may not use or disclose your protected health information for any reason except those described in this notice.

## Individual Rights

**Right to Inspect and Copy:** You have the right to inspect and copy protected health information that may be used to make decisions about your care. This includes dental records. To inspect and copy protected health information, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other costs associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to protected health information, you may request a review of that decision. Another health care professional will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these

additional requests.

**Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). To request restrictions, you must make your request in writing. In your request, you must tell us: (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply, for example, disclosures to your spouse.

**Confidential Communication:** You have the right to request that we communicate with you about protected health information in a certain way or at a certain location. For example, you can ask that we only contact you at home or only by mail. To request confidential communications, you must make your request in writing. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests as long as it permits us to collect premiums and pay claims under your dental plan.

**Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be included in the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice, and you may ask us to give you a copy of this notice at any time. You may obtain an electronic copy of this notice at our website, [www.UnitedConcordia.com](http://www.UnitedConcordia.com).

## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed below.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your dental information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

**Contact Office:** United Concordia Privacy Dept.  
**Telephone:** (866) 215-2352 (Toll Free)  
**Fax:** (717) 260-6899  
**Website:** [www.UnitedConcordia.com](http://www.UnitedConcordia.com)  
**Address:** 4401 Deer Path Road  
Harrisburg, PA 17110

## United Concordia Companies, Inc., and Subsidiaries

- United Concordia Dental Plans, Inc.
- United Concordia Dental Corporation of Alabama
- United Concordia Dental Plans of California, Inc.
- United Concordia Dental Plans of Florida, Inc.
- United Concordia Dental Plans of Kentucky, Inc.
- United Concordia Dental Plans of the Midwest, Inc.

- United Concordia Dental Plans of Pennsylvania, Inc.
- United Concordia Dental Plans of Texas, Inc.
- United Concordia Insurance Company
- United Concordia Life and Health Insurance Company
- United Concordia Insurance Company of New York

## For Subscribers With Individual-Only Coverage

### UNITED CONCORDIA dental plan for

ABC COMPANY  
4401 DEER PATH ROAD  
HARRISBURG, PA 17110

#### WELCOME TO UNITED CONCORDIA.

Your dental identification card(s) are attached.  
Please review the information for accuracy.

03077 9949306 0000 0000001 0000001 178 2 117  
TERRY S DOE  
4401 DEER PATH ROAD  
HARRISBURG PA 17110

For your privacy, United Concordia has suppressed the first five digits of your social security number. Your identification number is your complete social security number.

Thank you for enrolling in our dental program. United Concordia values the opportunity to serve your dental health needs.

UNITED CONCORDIA  
Insuring America's Dental Health

TERRY S DOE  
Cardholder's Name

XXX XX 6789  
Identification Number

ABC COMPANY  
Group Name

CONCORDIA FLEX  
Type Coverage

123456789  
Group Number



Visit our web site at [www.ucci.com](http://www.ucci.com) or contact Dental Customer Service toll free at 1-866-357-3304.

Our records indicate you have an **INDIVIDUAL** contract.

To help you get the most from your benefits, we encourage you to visit a network dentist. Visit us on the Internet at [www.ucci.com](http://www.ucci.com). Here you will find provider listings, member information, claim forms, answers to commonly asked questions and so much more! You may also e-mail us at [uccimail@ucci.com](mailto:uccimail@ucci.com).

UNITED CONCORDIA  
Insuring America's Dental Health

**To the Cardholder:** This is your United Concordia identification card identifying you as a subscriber and is valid as long as your coverage is in effect. If you or any eligible dependent(s) require services, present this card to the dental provider. For a complete list of covered services, please refer to your certificate/benefit booklet.

**Important:** When submitting a claim or calling Customer Service you must supply the cardholder's complete social security number (SSN).

**Submit all claims to:** United Concordia Companies, Inc.  
Dental Claims  
P.O. Box 69421  
Harrisburg, PA 17106-9421

